

POSITION:	INITIALS	ID NO.	DATE
FEE DETERMINATION	Hai/e		08-01-01
O.I.P.E. CLASSIFIER	JP	1027	8/18
FORMALITY REVIEW			09/06/10
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) ... Canceled A ..... Appeal  
 - ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/2
2	✓	✓	1/23/01
3	✓	✓	1/23/01
4	✓	✓	1/23/01
5	✓	✓	1/23/01
6	✓	✓	1/23/01
7	✓	✓	1/23/01
8	✓	✓	1/23/01
9	✓	✓	1/23/01
10	✓	✓	1/23/01
11	✓	✓	1/23/01
12	✓	✓	1/23/01
13	✓	✓	1/23/01
14	✓	✓	1/23/01
15	✓	✓	1/23/01
16	✓	✓	1/23/01
17	✓	✓	1/23/01
18	✓	✓	1/23/01
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32	✓	✓	1/23/01
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here